



Washington State Department of Agriculture  
Food Safety and Animal Health Division  
P.O. Box 42591 • Olympia, WA 98504-2591

**APPLICATION FOR  
FOOD STORAGE WAREHOUSE LICENSE  
NEW LICENSE**

**LICENSE EXPIRATION DATE: MARCH 31st**

**CASHIER USE ONLY**

Amount \_\_\_\_\_

Cashier \_\_\_\_\_

Issued \_\_\_\_\_

License No. \_\_\_\_\_  
**4109**

APPLICANT NAME AND MAILING ADDRESS

PHYSICAL LOCATION

☐ OWNER ☐ MANAGER NAME (Type or print)

TELEPHONE NUMBER

COUNTY

Firm operates as:

☐ Individual ☐ Partnership ☐ Cooperative ☐ Corporation

List name and address of all partners and/or officers below:

NAME

TITLE

ADDRESS (Include City, State, Zip Code)

If firm is out of state, provide name and address of individual residing in Washington State who is authorized to receive and accept service or summons and legal notice.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**LICENSE FEE**

The fee for this annual license is **\$50.00**, unless you are able to claim an exemption as described below.

☐ I am remitting the **\$50.00** license fee.

You may qualify for a twenty-five dollar license fee reduction if you have been inspected by the U.S. Food and Drug Administration (FDA), or agency other than WSDA for FDA's requirements under the federal regulations during the past year. Please call the department at (360) 902-2095 if you believe that you may qualify.

☐ I am submitting information required to obtain a **\$25.00** license reduction.

You may qualify for an exemption from the license fee if you have hired an Approved Independent Sanitation Consultant to perform an inspection covering FDA's requirements over the past year. Exemption will require furnishing us with a copy of an inspection report made within the past year that includes findings, date of inspection, the name, address and signature of the consultant. If your request for exemption is approved you will be issued a license at no cost.

☐ I am submitting required information to obtain a **license at no cost.**

**APPLICANT STATEMENT**

***I certify that the above information is correct.***

Signature of  
Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Total License Fee Remittance: \$ \_\_\_\_\_**

***Checks returned by the bank will be charged a handling fee of \$25.00.  
(RCW 62A.3.515(a) and 62A.3.520.).***